

IBOP Online iLems® Profile & Renewal User Manual
Version 1.0

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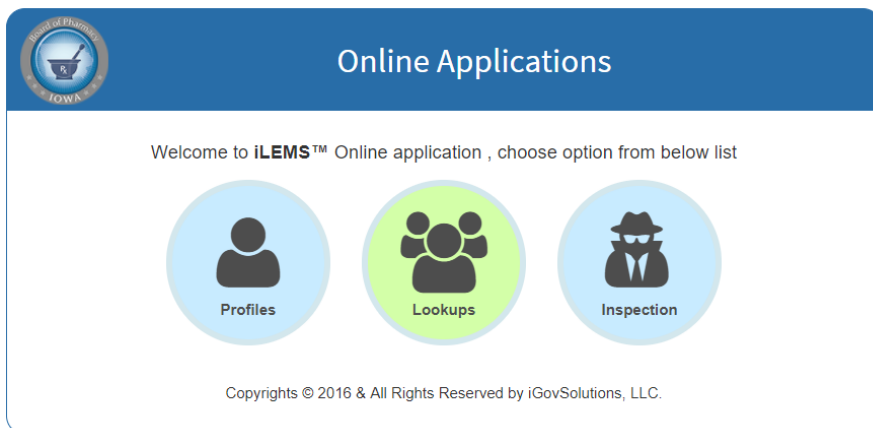
Introduction

This document will guide the user through the necessary steps to navigate the Online iLems® Profile & Renewal module.

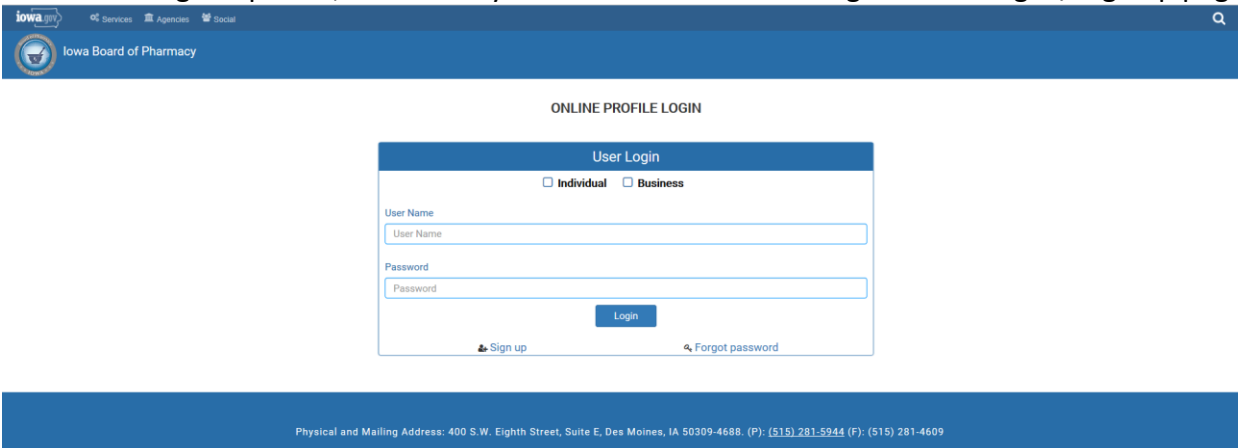
Profile

1. Click on “Profile” of the Online Applications.

https://iowa.igovsolution.com/iboponline/User_login.aspx



2. On clicking the profile, it will take you to the Online Profile Login – User Login / Sign up page



- 2.1. Click Sign up page and if it's for Individual / person license then select Individual checkbox and if it's Business type then select the Business checkbox.

For Individual:

Select the license type from the drop-down, enter the last name, Date of birth, enter the SSN and reenter the SSN. If you receive a message “Record Not Found” there could be an error with the SSN or DOB that is on file. You will need to contact the Board office at 515-281-6674.

Registration

Step 1 / 2

☒ Individual ☐ Permit

Please provide the information below.
[Click here to verify your license #.](#)

* License Type

Pharmacist

* Last Name

Holous

* Date of Birth

05/01/1971

Note : Please ignore the dashes (-). Type in only the 9 digits

* SSN

* Confirm SSN

Next

[? Forgot Password](#)

2.2. Click Next and enter the credentials in the below screen and click Submit.

Credentials

Step 2 / 2

* Email

roy@igovsolution.com

* Confirm Email

roy@igovsolution.com

* User Name


TestPharm


* Password

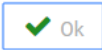
* Confirm Password

Previous


Submit


 **Alert Message**


 User registration successful.



2.3 Once user registration is successful an e-mail will be triggered to the e-mail that you provided during your registration, like below:

 Thu 4/19/2018 8:30 PM
iowa@igovsolution.com
Iowa Board of Pharmacy Profile Registration

To:  roy@igovsolution.com

 Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Thank you for registering with the Iowa Board of Pharmacy. Your user name is TestPharm and your password has been set as requested. Please do not reply to this email.

For Business:

- Select the license type from the drop-down, License#, Zip code of Physical location.
 - If you receive a message “Record Not Found” there could be an error with the information we have on file. You will need to contact the Board office at 515-281-6674.

Registration Step 1 / 2

☐ Individual ☒ Business

Please provide the information below.

* License Type

Wholesaler

* License #

00000

* Zip code of Physical Location

12345

Next

[Forgot Password?](#)

- In the following page enter the e-mail ID,

Credentials
Step 2 / 2

* Email

* Confirm Email


* User Name

* Password

* Confirm Password

[Previous](#)
[Submit](#)

Alert Message

 User registration successful.

[Ok](#)

- Login to your profile with the User ID and password to continue to the Profile and Renewal page.
- Make sure you select the appropriate choice: Individual / Business (without a proper selection you will not be allowed to continue).

2.4 Use the user id and password to login in the Profile page and it will take you to the Online profile login page:

- If there are multiple licenses tied to same SSN / person (for Individual) or tied to same FEIN number (for Business), then it will show in the below tabular format. Select the one that you want to renew or edit something in Profile by clicking on that license number and it will open in a new tab.

ONLINE PROFILE LOGIN

Select License Number to Continue								
License #	License Type	Sub License type	Expiration Date	Name	License Status	Address	County	C S Z
00000	Pharmacist in Charge – NRP	PIC	12/31/2018	IBOP Renewal CSAIR	Current/Active	200 Test Road	Franklin 35	Alexander IA 50420
00000	Technician	Certified Technician	08/28/2018	Testing Record NewTech	Delinquent	Penn Avenue South	United States	Des Moines IA 50309

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ONLINE PROFILE LOGIN

Select License Number to Continue								
License #	License Type	Sub License type	Expiration Date	Name	License Status	Address	County	C S Z
00000	Wholesaler	Manufacturer	12/01/2018	IBOP Test Profile	Current/Active	400 SW Eighth Street	Adair 1	Des Moines CA 12345
00000	Pharmacy	Nonresident Pharmacy	12/01/2018	IBOP Test Profile	Current/Active	400 SW Eighth Street	Adair 1	Des Moines CA 12345
00000	Outsourcing Facility	Outsourcing Facility	12/01/2018	IBOP Test Profile	Current/Active	400 SW Eighth Street	Adair 1	Des Moines CA 12345
00000	CSA-Business	Analytical Lab	12/31/2018	IBOP Test Profile	Current/Active	400 SW Eighth Street	Adair 1	Des Moines CA 12345
00000	Pharmacy	General Pharmacy	12/01/2020	IBOP Test Profile	Current/Active	400 SW Eighth Street	Adair 1	Des Moines CA 12345

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2.5 In the MyProfile page you will find the below information based on different license types, and most of these sections are editable:

- **Personal Information (for Individual):** This section contains the information of Name, NABP e-Profile ID, Professional License#. Among these NABP e-Profile ID, Professional License# fields are editable.

Personal Information

First Name IBOP	Middle Name Renewal	Last Name CSAIR	Edit
* NABP e-Profile ID test	* Professional License # 567		
Save		Cancel	

- **Business information (for Business / License types):** This section contains the information of Business name, Legal name, FEIN number, Date started, Type of Ownership, NABP e-Profile ID. Among these only FEIN, Date started, NABP e-Profile ID fields are editable.

Business Information

Business Name IBOP Test Profile	Legal Name test1	Edit
FEIN 00-0000001	Date Started 10/31/2018	
Type of Ownership LLC	NABP e-Profile ID test123	
Save		Cancel

- **License / Registration Information (Person / Business):** This section contains the license(s) / registration(s) details like License type, Sub type, License#, Issue date, Exp date, Status, Last Renewal date, Renewal, Certificate print. None of these fields are editable. The Certificate print can be used to print the License / Registration certificate. If the license / registration is due for Renewal, then only you will be able to see the Renew word on that line for the corresponding license type.

Registration Information

Type	Sub Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	Filters	
Pharmacy Support	PSP	0000	10/27/2018	12/31/2018	Current/Active		Renew Print
Pharmacist in Charge -- NRP	PIC	00000	10/27/2018	12/31/2018	Current/Active		Renew Print
CSA-Individual	Advanced Registered Nurse Practitioner	111111	06/02/2014	12/01/2018	Current/Active	10/27/2018	Renew Print

- **Address:**

- **For Individual:** There are 2 address sections: i. Primary Address – This is the address for Primary practice location, for example, ii. Other Address – this is the alternate mailing address. All these fields are editable.

Primary Address (CSAs, please indicate your primary practice location; Pharmacists/Technicians, please indicate your primary address.)

* Address 200 Test Road	Address Line 2 Palm Avenue	Address Line 3 	Edit
Country United States	* Zip 50420	* City Alexander	
* State IA	County Franklin 35		

Other Address (Board correspondence will be sent to Alternate Mailing Address if provided.)

Add New Address									
Address Type	Address1	Address2	Address3	City	State	Zip	County	Country	Edit/Delete
Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters	

- **For Business:** There are 2 address sections: i. Physical Address information – This is the address for the Physical location of the business, ii. Mailing address – if different from Physical address. All these fields are editable for corrections only. Changes to the licensee's address is not allowed during renewal.

Physical Address Information

* Address1 400 SW Eighth Street	Address 2 Suite E	Address3 test
* City Des Moines	* State CA	* County Adair 1
* Zip 12345		

Mailing Address (if different from Physical Address)

☐ Check if mailing address is the same as above.

* Address1 400 SW Eighth Street	Address2 Suite E	Address3 test
* City Des Moines	* State CA	* County Adair 1
* Zip 50309		

[Edit](#)

- **Contact Information (Phone, Email, Fax):** The contact information of the person / business is captured here. All these fields are editable.

Contact Information

* Phone (515) 281-5944	Alternate Phone () - - - - -	* Email Amanda.woltz@iowa.gov
Fax () - - - - -	Website -	

[Edit](#)

- **Document Details:** This is the section that will be used to capture all the documents that were uploaded as part of any Profile requirement. User can also download these in addition to upload the documents using Attach and upload document. Some of these document types are Mandatory to upload, please read the instructions accordingly for each of those license / registration types.

Document Details

Document Type:

Documents: [Attach](#) [Upload Document](#)

Date	Document Type	File Name	Download
11/01/2018	FDA 483s, Warning Letters, and Responses	Sample.txt	Download
11/01/2018	FDA 483s, Warning Letters, and Responses	Sample.txt	Download
11/01/2018	FDA 483s, Warning Letters, and Responses	Sample.txt	Download
11/01/2018	FDA 483s, Warning Letters, and Responses	Sample.txt	Download

Note:


1. Based on Person / Individual license type there will be some additional sections in the My Profile page and those are Mandatory sections / fields, so please read the instructions carefully.
2. Similarly, for different types of Business / registrations there will be some additional sections in the My Profile page and those are Mandatory sections / fields, so please read the instructions carefully.

Renewal

1. After validating all the information in the MyProfile section click on the Renewal icon on the profile section.



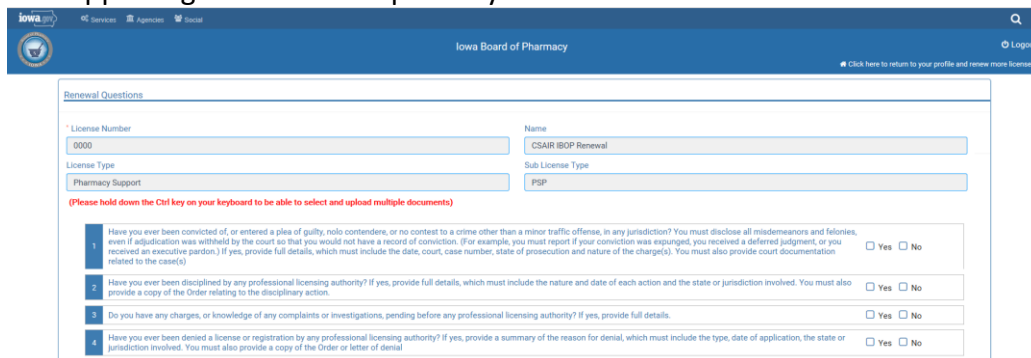
2. After clicking on the Renewal icon, click on the confirmation message.

 **Confirmation Message**

By continuing to renew my license/registration, I affirm that I have reviewed all the sections of my profile and the information in my profile is accurate.

☒ Yes
 ☐ No

3. It will take you to the Renewal questions screen where it will show the License number, License type, Sub license type, Name of the person / business.
4. It will show all the renewal related questions with Yes / No option and if there's any explanation required for those questions along with upload options for any required supporting documents as part of your answer selection.



Renewal Questions

License Number: 0000 Name: CSAIR IBOP Renewal

License Type: Pharmacy Support Sub License Type: PSP

(Please hold down the Ctrl key on your keyboard to be able to select and upload multiple documents)

1. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime other than a minor traffic offense, in any jurisdiction? You must disclose all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. (For example, you must report if your conviction was expunged, you received a deferred judgment, or you received an executive pardon.) If yes, provide full details, which must include the date, court, case number, state of prosecution and nature of the charge(s). You must also provide court documentation related to the case(s). ☐ Yes ☐ No
2. Have you ever been disciplined by any professional licensing authority? If yes, provide full details, which must include the nature and date of each action and the state or jurisdiction involved. You must also provide a copy of the Order relating to the disciplinary action. ☐ Yes ☐ No
3. Do you have any charges, or knowledge of any complaints or investigations, pending before any professional licensing authority? If yes, provide full details. ☐ Yes ☐ No
4. Have you ever been denied a license or registration by any professional licensing authority? If yes, provide a summary of the reason for denial, which must include the type, date of application, the state or jurisdiction involved. You must also provide a copy of the Order or letter of denial. ☐ Yes ☐ No

5. Select the checkbox about swearing or affirming the accuracy of your responses and it will show the name of the licensee and Elec-signature. Once you click Proceed to pay it will take you to the Payment page.

☐ I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against my registration. I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to exceptions in federal and state law.

Renewal Date: 11/1/2018 Elec-Signature: CSAIR IBOP Renewal

[Proceed To Pay](#)

Note: For Business / registrations the Elec-Signature box could be blank and the person who is doing the submission needs to enter his/her name in this box.

☐ I hereby swear or affirm under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against this license. I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to exceptions in federal and state law.

Renewal Date: 11/1/2018 Elec-Signature: (Type in your full name) _____

[Proceed To Pay](#)